Milestone Family Medicine, P.C.

Obafemi Okuwobi, M.D.,

1438 McLendon Drive • Decatur, Georgia 30033

MEDICAL RECORDS RELEASE

I, ____ authorize the release of my medical records from ____ for patient ____, date of birth _____/_____/_____.

Please send copies of my medical records to :

____

____

____

____

Thank you,

____ _____/_____/_____

Signature Date

1438 McLendon Drive • Decatur, Georgia 30033 • Tel: 770-414-0337 • Fax: 770-414-0354

"A milestone in your health care."